

Sample Supervision Log

Supervisee Name: _____ Date: _____ Length: _____

Supervisor Name: _____



Individual Supervision



Group Supervision

Please Check Areas Addressed in Supervision / Coaching					
	ASSESSMENT		REFERRAL		Other:
	CRISIS INTERVENTION		CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES		
	COUNSELING		RECORD AND RECORD KEEPING		
	SCREENING		CLIENT EDUCATION		
	INTAKE		CASE MANAGEMENT		
	ORIENTATION		TREATMENT PLANNING		
Focus of Supervision:					
Areas To Be Addressed by the Next Meeting (specific timelines):					

Supervisee Signature / Date

Supervisor Signature / Date